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## BIB DATA SHEET

CONFIRMATION NO. 5302

<b>SERIAL NUMBER</b> 10/711,303	<b>FILING or 371(c) DATE</b> 09/09/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 1539.01	
<b>APPLICANTS</b> Stelian Doru Ticsa, Clearwater, FL; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/481,345 09/09/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **</b> 10/19/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/PHUOC TRAN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> SMITH HOPEN, PA 180 PINE AVENUE NORTH OLDSMAR, FL 34677 UNITED STATES					
<b>TITLE</b> Method for the Integration of Medical Imaging Data and Content for Wireless Transmission and Remote Viewing					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		